	Effective on 12/08/20	004.	1					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130.00				Complete if Known				
				Application Number 10/557,286				
				Filing Date 8/24/2007				
						Marie Doors	chod	t
				12/10/11/01 1 (01/10		ott Szmal		
				Art Unit 3736 Attorney Docket 0470 -		52521		***************************************
				officy Docket	0470 - 0	0 - 033334		
METHOD OF PAYM				1				
	edit Card	Money Order L	l None	Other (please ide	ntify):			
	t Deposit Account		23-0650	Deposit Account				
			irector is hereb	y authorized to: (cl				
	ge fee(s) indicated			Charge fee	(s) indicated	below, except for	r the f	filing fee
	ge any additional for r 37 CFR 1.16 and		ients of fee(s)	✓ Credit any	overpayment	ts		
WARNING: Information information and authoriza		me public. Credit ca	erd information sh	ould not be included or	this form. Pr	ovide credit card		
FEE CALCULATIO		low are due une	a filing on war	ha auhicat ta a	roborce \			
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1. BASIC FILING,	SEARCH, AND I FILING FE		EARCH FEES	EXAMINA	TION FEES			
	<u>Small</u>	l Entity	Small Entit	<u>y</u> <u>S</u>	mall Entity			
Application Type		ee (\$) Fee (Fee (\$)	Fee (\$)	<u>F</u>	ees Pa	<u>aid (\$)</u>
Utility	330	82 540	0 270	220	110	*********		***************************************
Design	220	110 100	0 50	140	70			-
Plant	220	110 330	0 165	170	85			
Reissue	330	165 540	270	650	325			
Provisional	220	110 0	0	0	0	-		
2. EXCESS CLAIM	FEES							Small Entity
Fee Description Fee (\$)								Fee (\$)
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220								26
Multiple dependent cla	•	ng Reissues)				220 390		110
		Extra Claims	Fee (\$)	Fee Paid (\$)				195 pendent Claims
- Iotal Claims	<u> </u>		<u>Pec (3)</u>	<u>reeraid (3)</u>		Fee (Fee Paid (\$)
						ree	<u> </u>	ree raid (5)
HP = highest number of	f total claims paid for	, 6						
	-		Fee (\$)	Fee Paid (\$)		***************************************		
	-	Extra Claims	Fee (\$)	<u>Fee Paid (\$)</u> =		***************************************		
Indep. Claims HP = highest number o	3 or HP E	Extra Claims	=					
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Indep. Claims HP = highest number of a APPLICATION of the specification	3 or HP = Ef independent claims SIZE FEE on and drawings e. (e)), the application (2. 41(a)(1)(G) and	Extra Claims x paid for, if greater the xceed 100 sheets on size fee due is \$ 37 CFR 1.16(s).	an 3. of paper (exclu \$270 (\$135 for	ding electronically small entity) for ea	ch additiona	l 50 sheets or fra		
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Indep. Claims HP = highest number o 3. APPLICATION S If the specificatic 37 CFR 1.52 See 35 U.S.C Total Sheets - 10	3 or HP = Ef independent claims SIZE FEE on and drawings e. (e)), the application (2. 41(a)(1)(G) and	Extra Claims x paid for, if greater the xceed 100 sheets on size fee due is \$37 CFR 1.16(s). x Num	an 3. of paper (exclusted for the second for the s	ding electronically small entity) for ea	ch additiona	l 50 sheets or fra		thereof. Fee Paid (\$)
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Indep. Claims HP = highest number of 3. APPLICATION S If the specification 37 CFR 1.52 See 35 U.S.C Total Sheets - 10 4. OTHER FEE(S) Non-English Sp	3 or HP = E findependent claims SIZE FEE on and drawings ex (e)), the application 41(a)(1)(G) and Extra Sheet 0 =	Extra Claims x paid for, if greater the exceed 100 sheets on size fee due is \$37 CFR 1.16(s). x y y y y y y y y y y y y y y y y y y	an 3. of paper (exclus \$270 (\$135 for ber of each ad rou	ding electronically small entity) for ead ditional 50 or fractional up to a whole numbers.	ch additiona	f Fee (S)		thereof. Fee Paid (\$) Fees Paid (\$)
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